

This worksheet will be used for the preparation of the petition. Please list all addresses in full, including zip code. Sections C & D should be answered in full sentences as they will be typed as written here.

## TEMPORARY GUARDIANSHIP WORKSHEET - JOB AID

The content in blue in this Job Aid provides guidance to DMCPs and its contracted agencies with obtaining Temporary Guardianship of a child. This form can be found in eWiSACWIS and replaces the DA's Temporary Guardianship Worksheet. A separate form must be filled out for each child that needs a temporary guardian.

**The information in Section I should pre-fill from eWiSACWIS.**

Name - Worker	Telephone Number	Date
County	Region	Court Number

### I. Family Composition

#### Child

Name (Last, First MI)	Birthdate	Age
Address (Street, City, State, Zip Code)	Telephone Number	

**Mother** ☐ Unknown ☐ Deceased

Name (Last, First MI) Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number

**Father** ☐ Unknown ☐ Deceased

Name (Last, First MI)	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number
Status: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive	

#### Legal Guardian (if different than natural parents)

Name - Guardian
Address (Street, City, State, Zip Code)
Telephone Number

### II. Complete the following paragraph:

**If CHIPS Order has been granted, use the following format:**

On \_\_\_\_\_ said child \_\_\_\_\_ was found to be in need of protection or services pursuant to Wis. Stats. s. 48.13 (\_\_\_\_\_). Based upon finding, the Honorable \_\_\_\_\_ transferred legal custody of said child to t \_\_\_\_\_ for a period of \_\_\_\_\_. That order now expires on \_\_\_\_\_. Said child was placed with \_\_\_\_\_ under the court's order.

**If CHIPS Order has not yet been granted, leave this section blank.**

### III. Reasons why temporary guardianship is needed. (Be specific and use complete sentences.)

**Please use the following template when completing this section. This portion needs to be completed in its entirety.**

(Child name) is in need of an immediate appointment for a temporary guardian because the child needs a guardian to sign consent for (insert specific reasons the child needs consent).

DMCPs is requesting the limited authority to consent to the following: (insert specific procedures, medications, etc.).

Choose one of the following:

1. There has never been a temporary guardianship filed for this child.

OR

2. The current temporary guardianship order will expire on (insert date).

OR

3. The last temporary guardianship or extension of temporary guardianship expired on (insert date).

DMCPS is willing to become the temporary guardian for the child. This was approved by the DMCPS Quality Operations Bureau Director or designee.

Choose one of the following:

1. Additionally, there is no indication that the adjudicated father was granted guardianship when he was adjudicated as the father.  
OR
2. The child has no adjudicated father.

A petition for appointment of a permanent guardian of this child is not filed with this request because *(insert)*

If applicable: Good cause exists to hold a hearing within 48 hours because *(insert reasons here)*.

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**IV. Why current guardian will not sign and attempts made to locate and / or have signed. Indicate when and how notice of hearing was given. (Use complete sentences.)**

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***Please use the following template when completing this section. This portion needs to be completed in its entirety.***

Choose one of the following:

- A. Worker *(name)* attempted to contact the current parent/guardian *(number of times)* with no success. The attempts to contact the parent/guardian are listed below:
  1. *Date, time and location*
  2. *Date, time and location*
  3. *Date, time and location*
- B. Worker *(name)* spoke with the parent/guardian on *(date)* and the parent/guardian refused to sign the consent. Parent/guardian gave the following reason(s) to refuse consent: *(insert reason)*. Worker *(name)* contacted the parent/guardian's Attorney, *(name)* on *(date)* and worker asked them to speak with their client about signing the consent. Worker *(name)* contacted ADA *(name)* on *(date)* to request assistance with obtaining consent from the parent. All attempts to obtain parental/guardian consent have failed.

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**V. Signatures**

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\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
**SIGNATURE** - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor

\_\_\_\_\_  
**SIGNATURE** - Supervisor

\_\_\_\_\_  
Date Signed